

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10735149

FILING DATE

12-15-02

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		3				
5		3				
6		3				
7		3				
8		0				
9		0				
10		0				
11		0				
12		0				
13	1					
14	1					
15		1				
16		1				
17	1					
18	1					
19	1					
20		4				
21	1					
22	1					
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49						
50						
TOTAL IND.	9					
TOTAL DEP.	24					
TOTAL CLAIMS	33					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						